Dear Senator Mary Daugherty Abrams, Representative Jonathan Steinberg, and Members of the Public Health Committee of the Connecticut General Assembly,

My name is Lucinda Canty and I live in Windsor, Connecticut. I stand in support of **S.B. 1, section 10.** An **Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.** This policy proposal is crucial to doulas in Connecticut. Title protection is crucial and provides stronger identity and credibility, and prevents misrepresentation of the profession. A doula is a non-medical professional trained in childbirth who provides emotional, physical, and informational support to a person who is expecting, is experiencing labor, or has recently given birth. A doula's purpose is to help people have safe, memorable, and empowering birthing experiences.

As a Certified Nurse-Midwife with 26 years of experience in providing health care to women, it was alarming to learn about the number of women who died annually during childbirth in the United States and that Black women disproportionately represented the number of maternal deaths. I wondered how a country with all of the resources, technology, and education have numbers comparable to countries that lacked these resources and are experiencing conflict and violence. I never thought that race and racism would play a factor if a woman could survive childbirth.

In addition to being a nurse-midwife, I am an Assistant Professor of Nursing at the University of Saint Joseph and a nurse researcher. I interviewed women who almost died during childbirth. All the women that I interviewed had completed from a high school diploma to doctorate degree, they had support from their partners and families, they started their pregnancies in the first trimester, attended all prenatal appointments and were considered healthy when they started their pregnancy and they still almost died. When I talked to these women about their experience, the common themes were the need for education, an improved relationship with their health care providers, how race and implicit bias had an influence on their care, and how there was a lack of mental health evaluation and support. Doulas can address all of these areas and improve their overall health and wellbeing.

I reflected back on my childbirth experience, when I had my son 11 years ago, I did not realize as a Black woman I was at risk for dying. I had gestational diabetes and had a cesarean birth, I could have been a part of these statistics. Although I physically recovered without complications, I had a difficult time adjusting to motherhood. Although the father of my son was present and involved, I found myself in a lonely space. I was constantly questioning myself and wondering if what I was experiencing was normal. I did not feel comfortable talking to my family or my obstetrician because I could not articulate my needs and felt that no one would understand what I was going through. I wish I had a doula to help make that transition to motherhood easier. At the time, I did not have the financial resources to pay for doula care. I was insured but had limited income while I was on maternity leave.

Doulas are one solution needed to decrease poor maternal health outcomes, especially among Black women. They offer education and support to women during pregnancy, childbirth, and postpartum and be the bridge that connects women to the health care system.

Women who utilize doulas are less likely to experience a complication during birth, have a cesarean birth or have a low-birth-weight baby, and have increased rates of initiating breastfeeding (Gruber et al., 2013). During pregnancy Black women need someone they could feel comfortable talking to, especially someone who understands the challenges they experience. Also, a woman who has a doula is more

likely to receive the education that she needs to feel empowered and advocate for herself during childbirth (Guerra-Reyes, & Hamilton, 2017; Gruber et al., 2013).

I know my focus has been on Black women. This is because of the disparities that exist in maternal health outcome. When you improve the health of Black women, you improve the health of communities. When you improve the health of Black women, you improve the health of all women.

I respectfully recommend the following: Lines 204-207 reflect a "doula" means a trained, nonmedical professional who provides physical, emotional, and informational support to a pregnant person before, during, and after birth, in person or virtually.

Lastly, I commend the efforts of the study to determine whether the Department of Public Health should establish a state certification process by which a person can be certified as a state doula to ensure no doula be barred from this process.

Thank you for the opportunity to submit this testimony regarding the doula profession. In closing, I urge you to support S.B. No 1 to define the doula profession.

Sincerely,
Lucinda Canty PhD, CNM
Certified Nurse-Midwife
Assistant Professor of Nursing, University of Saint Joseph

## References

Gruber, K. J., Cupito, S. H., & Dobson, C. F. (2013). Impact of doulas on healthy birth outcomes. The Journal of Perinatal Education, 22(1), 49-58. https://doi.org/10.1891/1058-1243.22.1.49

Guerra-Reyes, L., & Hamilton, L. J. (2017). Racial disparities in birth care: Exploring the perceived role of African-American women providing midwifery care and birth support in the United States. Women Birth, 30(1), e9-e16. https://doi.org/10.1016/j.wombi.2016.06.004

Kozhimannil, K. B., Alarid-Escudero, F., Vogelsang, C. A., Blauer-Peterson, C., Hardeman, R. R., & Howell, E. A. (2016a). Modeling the cost-effectiveness of doula care associated with reductions in preterm birth and cesarean delivery. Birth: Issues in Perinatal Care, 43(1), 20-27.

Kozhimannil, K. B., & Hardeman, R. R. (2016b). Coverage for doula services: How state Medicaid programs can address concerns about maternity care costs and quality. Birth, 43(2), 97-99. https://doi.org/10.1111/birt.12213